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01/11/2002

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DES MOINES, IA 50309

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| | |
|--------------------|--------------------|
| JANE WAGNER | (Depositor's name) |
| <i>Jane Wagner</i> | (Signature) |
| 2-14-02 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/437,449 | 11/10/1999 | VUJAY KUMAR | P04176US0 | 7991 |

TITLE OF INVENTION: PALATABLE, SUSTAINED RELEASE DRUG GRANULES

| TOTAL CLAIMS | APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|--------------|----------------|--------------|-----------|-----------------|------------------|------------|
| 14 | nonprovisional | YES | \$640 | \$0 | \$640 | 04/11/2002 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|--------------------|----------|----------------|
| HOWARD, SHARON LEE | 1615 | 424-497000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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801 Grand Ave., Suite 3200
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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

UNIVERSITY OF IOWA RESEARCH FOUNDATION IOWA CITY, IOWA

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

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☒ Issue Fee☐ Publication Fee☐ Advance Order - # of Copies _____

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☐ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 26-0084 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

2-14-02

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